RIVERSIDE SURGERY

New Patient Registration Form (Children under 16)

Surname: ....

First Names: ....

Date of Birth: .... Place of Birth ....

Gender (please tick) ☐ Male ☐ Female

Home address: ....

....

....

Telephone numbers:

Home: .... Mobile..

E-mail address: ....

☐ **Tick here to confirm we may contact you by SMS (Text)**

☐ **Tick here to confirm we may contact you by Email**

Next of Kin:

Name of Mother: ....

Address: ....

....

Contact Nos: ....

Name of Father: ....

Address: ....

....

Contact Nos: ....

Have you had/do you have any major illnesses or operations? (Including dates)

………..
………..

Do you have any allergies: (please specify)
………
………

Specific needs:

Please detail below any specific needs that you have so the Practice can ensure they are identified and accommodated by taking the appropriate action:

………
………

Carers:

Do you look after someone? .... Does someone look after you? ……………

If yes to either of these questions please ask at reception for a Carers Registration Form.

Do you take regular medication prescribed by your doctor or purchased over the counter?

Please list: ……………………………………………………………………………………………….

Nominated Pharmacy:

Please of nominate a Pharmacy ……………………………………………………………………….

Patient Ethnic Origin Questionnaire:

Please indicate your ethnic origin. This is not compulsory, but may help with your healthcare, as some health problems are more common in specific communities, and knowing your origins may help with the early identification of some of these conditions.

Ethnic Origin:

- ☐ White British
- ☐ White Irish
- ☐ Other White Background
- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White Asian
- ☐ Other Mixed Background
- ☐ Indian/British Indian
- ☐ Pakistani/British Pakistani
- ☐ Bangladeshi/British Bangladeshi
- ☐ Other Asian Background
- ☐ Black Caribbean
- ☐ Black African
- ☐ Other Black Background
- ☐ Chinese
- ☐ Other Ethnic Group
- ☐ Not stated
- ☐ Do not wish to give ethnicity

Religion:

- ☐ Church of England
- ☐ Catholic
- ☐ Buddhist
- ☐ Hindu
- ☐ Muslim
- ☐ Sikh
- ☐ Jewish
- ☐ Jehovah's Witness
- ☐ Other Christian (Please state……………………………………………)
- ☐ Other religion (Please state……………………………………………)
- ☐ No religion

Language – your main or 1st language:

- ☐ English
- ☐ Hindi
- ☐ Guajarati
- ☐ Urdu
- ☐ Bengali
- ☐ Punjabi
- ☐ Polish
- ☐ Ukrainian
- ☐ Spanish
- ☐ German
- ☐ French
- ☐ Other ………………………………

Admin Use Only:

Name of receptionist:

Date of registration:

Registering GP: